Crossroads Redevelopment
Project Area Committee (PAC) - Annual Election
<u>CANDIDATES REGISTRATION FORM</u>
(Please Print and Check Appropriate Boxes)

To the City Council of the City of San Diego:

I, _____, volunteer to run for election to the Project Area Committee for the Crossroads Project Area Committee. I certify that I am at least 18 years of age and reside or have an interest within the selected boundaries of the Crossroads Redevelopment Project Area, I am eligible to be a candidate and seek to be elected as a representative in the following Category and Area:

I desire to be elected as a representative for the following interest <u>Category</u> and <u>Area</u>:
　　(Check only one Category & Area)

[　] **Residential Tenant in:**　　　　　__ College/City Heights Area, or　__ Eastern Area
[　] **Residential Owner/Occupant in:**　__ Eastern Area
[　] **Business/Property Owner in:**　　__ Northern Area, or　　　　　__ Southern Area
[　] **Community Organization:**

I certify that within the boundaries of the Crossroads Project Area:

[　]　　I am a **Residential Tenant** living in the property located at _____

_____

　　　　Home phone _____　　Contact phone _____　　Email _____

[　]　　I am a **Residential Owner/Occupant** living in the property located at _____

_____

　　　　Home phone _____　　Contact phone _____　　Email _____

[　]　　I am a **Property Owner** whose property address is _____
　　　　Contact address _____
　　　　Home phone _____　　Contact phone _____　　Email _____

[ ]   I am a **Business Owner**, whose business name is _____

and my business has been in existence for **two years** or more (___initial), prior to the

PAC election and my business address is _____

Contact address _____

Business phone _____   Contact phone _____   Email _____

[ ]   I am a representative of a **Community Organization**, named _____,

which serves the Project Area residents and has been in existence for 2-years or more

(___initial), prior to the PAC election for which I am a candidate. Attach all required

documents (see election notice regarding Community Organization).

Organization address _____

Candidates address _____

Organization phone _____ Contact phone _____ Email _____

My prior experience in community affairs and/or my other qualifications to serve on the
Crossroads Project Area Committee are as follows (attach additional sheet if necessary):

_____

_____

_____

_____

_____   _____

        Signature of Candidate   Date

This form may be emailed or faxed to Tracy Reed TReed@sandiego.gov or 619.533-3219,
but must be received by 5:00 p.m. Thursday, June 19, 2008.

-- *Do Not Write Below This Line* ------------------------------

Proof provided & acceptable per Procedures: *[ ] Driver's License or Photo ID checked.*

Proof of Eligibility: 1. _____   *2. _____*

Date: _____   *Staff Certification: _____*